

## Application Data Sheet

### **Application Information**

Application Type::	regular
Subject Matter::	utility
Title::	TRUSTED BIOMETRIC DEVICE
Attorney Docket Number::	S30.12-0006
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	9
Small Entity?::	Yes
Petition included?::	No
Petition Type::	

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Given Name::	Mira
Family Name::	LaCous
Name Suffix::	
City of Residence::	Eagan
State or Province of Residence::	Minnesota
Country of Residence::	US
Street of Mailing address::	1567 Antler Point
City of Mailing address::	Eagan
State of Province of mailing address::	Minnesota
Country of mailing address::	US
Postal or Zip Code::	55122

**Comments:** Repeat the above for each inventor

### **Correspondence Information**

Name:: Christopher L. Holt  
 Street of mailing address:: Westman, Champlin & Kelly  
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 City of mailing address:: Minneapolis  
 State or Province of mailing address:: MN  
 Postal or Zip Code of mailing address:: 55402-3319  
 Phone number:: 612/334-3222  
 Fax number:: 612/334-3212  
 E-Mail address::

### Representative Information

Representative Designation::	Registration Number::	Representative Name:
Primary	20147	Nickolas E. Westman
Primary	34797	Judson K. Champlin
Primary	34847	Joseph R. Kelly
Primary	36188	Steven M. Koehler
Primary	34557	David D. Brush
Primary	38354	John D. Veldhuis-Kroeze
Primary	39758	Theodore M. Magee
Primary	35612	Deirdre Megley Kvale
Primary	42413	Christopher R. Christenson
Primary	41885	Brian D. Kaul
Primary	45466	Nathan M. Rau
Primary	45844	Christopher L. Holt
Primary	45956	Alan G. Rego
Primary	48516	Todd R. Fronek
Primary	49027	Linda P. Ji
Primary	53675	Leanne R. Taveggia
Primary	24383	Robert M. Angus
Primary	32015	David C. Bohn


#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional of	60/398,419	MM/DD/YY 07/25/02

#### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

#### Assignee Information

Assignee name:: BIO-key International, Inc.  
 Street of mailing address:: 1285 Corporate Center Drive  
 Suite 175  
 City of mailing address:: Eagan  
 State or Province of mailing address:: Minnesota  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 55121